## 5 SIGNATURE AND SOCIAL SECURITY NUMBER:

	he receipt of Federal funds; that institues esentation of the information may subject			
Signature of Adult:		Social Security Number:		
Are you a family day care hon	ne provider applying for Tier I benef	fits? Y[]	N [ ]	
Printed Name:	Home Phone:		Work Phone:	. <del></del> .
Home Address:			· · · · · · · · · · · · · · · · · · ·	- +t
City:	State:Zip Cod	e:	Date:	<u> </u>
School Lunch Act requires that you incepted the form does not have a social security not made that the adult household memmay be used to identify the household reinvestigations and may include contactify food stamps, FDPIR, or TANF benefits documentation produced by the household administrative claims, or legal actions in National School Lunch Act and the Chinesetigating violations of certain Federal	It the child's food stamp, FDPIR, or TANF case lude the social security number of the household number. You do not have to list a social securities rigning the form does not have a social security in the correctness of the informing employers to determine income, contacting a contacting the State employment security official member to prove the amount of income receif incorrect information is reported. The social stand Nutrition Act, the Comptroller General of the ral, State and local education, health and nutrition and the social standard state and local education, health and nutrition and standard	Ity number, but if a social security number, we cannot apprenation stated on the form. The food stamp, FDPIR, or TANGE to determine the amount of eived. These efforts may result ecurity number may also be concerned States, and law enforced programs.	r indicate that the household member signing urity number is not listed or an indication is ove the form. The social security number his may included program reviews, audits, and IF office to determine current certification for benefits received and checking the lt in a loss or reduction of benefits, lisclosed to programs as authorized under the rement officials for the purpose of	d
Please mark one of the following	spanic or Latino  Agriculture (USDA) prohibits discrimional origin, gender, age, or disability.	nation in all its progran Persons with disabilities	ns and activities on the who require alternative	
TARGET Center at (202	on of program information (Braille, large) 720-2600 (voice and TDD).	•		
Building, 14th and Independent	scrimination, write USDA, Director, O endence Avenue, SW, Washington, D. al opportunity provider and employer.			
For Official Use Only: Food Stamp/FDPIR/TANF or of  [ ] Yes [ ]	ther eligible benefit program (tier II da No	y care homes only) hou	sehold categorically eligible free:	
MONTHLY INCOME CONVE	ERSION: WEEKLY X 4.33, EVERY 2	2 WEEKS X 2.15, TWI	CE A MONTH X 2	
Total monthly income:	Household size:	Eligible:	NOT Eligible:	
Eligibility Classification: Free Tier I	Reduced Price Paid Tier II	Temporary: Fre	e Reduced Price Period:	
Determining official:				
Signature:		Date		

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp,

FDPIR, TANF or other eligible program case number is current, correct or that all income is reported. I understand that this